

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004804

FILED
Sep 23, 2008
Secretary of State

Entity Name: A PLACE OF GRACE, INC.

Current Principal Place of Business:

21029 NW 55TH AVE
LAWTEY, FL 32058

New Principal Place of Business:

Current Mailing Address:

21029 NW 55TH AVE
LAWTEY, FL 32058

New Mailing Address:

FEI Number: 71-1030526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALTER, BARBARA
21029 NW 55TH AVE
LAWTEY, FL 32058 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALTER, BARBARA
Address: 21029 NW 55TH AVE
City-St-Zip: LAWTEY, FL 32058

Title: D () Delete
Name: PUSATERI, GREG
Address: 20701 NW 70TH PLACE
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: LAWRENCE, DEBORAH
Address: 20953 NW 55TH AVE
City-St-Zip: LAWTEY, FL 32058

Title: D () Delete
Name: WRIGHT, WANDA
Address: 666 EAST SOUTH ST
City-St-Zip: STARKE, FL 32091

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PORCHIAZZO, VINCE
Address: 11042 US HIGHWAY 301 S.
City-St-Zip: HAMPTON, FL 32044

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WALTER

D

09/23/2008

Electronic Signature of Signing Officer or Director

Date